

HEALTH CARE ADVISORY BOARD

Meeting Summary September 8, 2003

MEMBERS PRESENT

Marlene Blum, Chairman
Rose Chu, Vice Chairman
Bill Finerfrock, Vice Chairman
John Clark
J. Martin Lebowitz
Susan Randall
David West
Timothy Yarboro

STAFF

John Ruthinoski

GUESTS

Gloria Addo-Ayensu, Health Department
JoAnne Jorgenson, Health Department
H. Patrick Walters, Inova Health System
Jim Scott, Inova Health System
Susan Herbert, Mt. Vernon Hospital
Van Hendry, Inova Health System
Dr. Cleve Francis, Mt. Vernon Hospital
Dr. Khosrow Matini, Mt. Vernon Hospital
Joseph Gartlan
Warren Cikins, SEHPTF
Sylvia Cikins
Keith Hearle, The Lewin Group
Anne Andrews, SEHPTF
Harriet Piper, SEHPTF

The meeting was called to order at 7:35 p.m.

Approval of the Minutes

The minutes of the July 14, 2003 HCAB meeting were accepted as submitted.

Discussion with members of the South East Health Planning Task Force about Mount Vernon Hospital

Marlene Blum explained to the members of the South East Health Planning Task Force (SEHPTF) the HCAB's role in monitoring Inova's lease agreement for the Fairfax Hospital and Mount Vernon Hospital sites. She added that she expects at some point in the future, the HCAB will be asked to make a recommendation to the Board of Supervisors about Inova's plans for Inova Mount Vernon Hospital (IMVH), either in reference to the lease, or as a comment on a zoning case for a medical care facility. She noted that the HCAB would not be drawing any conclusions from this discussion, but is very interested in learning about the issues being raised by the Task Force. She specifically asked about the current status of the project, what instructions the Task Force has been given, and what data has been presented to them.

Warren Cikins then read a brief prepared statement, noting that he was speaking on his own, not on behalf of the Task Force. He began by explaining his personal background a former member of the Board of Supervisors representing the Mount Vernon District, and a member of both the HAS Board and the Board of the Fairfax Hospital Association

(now Inova) . He recounted the series of events which led to the formation of the Task Force, including the development of a letter in 2001, signed by a number of doctors at Mount Vernon Hospital, including Dr. Matini and Dr. Francis, outlining their concerns about the hospital. The letter was sent to Inova's management, who did not respond. The letter was then shown to Mr. Cikins, who brought it to Supervisor Hyland's attention. He brought the letter to Susan Herbert, which led to the establishment of the Task Force.

Warren Cikins also reported that the meetings have not been civil and that there has been some disagreement about the need for open meetings. He reported on the negative effects of the Washington Post articles which have indicated that the hospital would be closing. Medical staff, nurses and patients all have anxiety now and perhaps worst of all, HCA has been encouraged. He added that some good things have happened, such as the hiring of the Lewin group to collect data. He added that he felt that the central issue for the Task Force was "How best can Inova Mount Vernon Hospital be strengthened based on current trends in health care." He listed a number of obstacles he sees for Inova, including the hospital's growing financial losses, demographic trends in the community, and public policy implications of moving the hospital. He expressed concern over the fact that nationally, 30% of health care costs go to administrative costs. He suggested that he felt the best option for the hospital would be to follow the example of University of Pittsburgh Medical Center, which has become a center for excellence in transplantation. He recommended that IVMH concentrate on one area and develop an expertise in that area.

Marlene Blum asked if another of the Task Force Member could explain to the HCAB what it has been doing. Dr. Matini then explained he first went to his supervisor with his concerns when he was president of the medical staff, then to Inova management, and finally to Inova's Board. After these efforts were not successful, he went to Warren Cikins and Joseph Gartlan. He expressed the problem in terms of the fact that Mount Vernon Hospital is the only community hospital in Northern Virginia which does not have OB services. He explained that families usually utilize the hospital where they have their children as their "family" hospital. He reported on a meeting that Inova CEO Knox Singleton held with senior staff at the hospital explaining the options for the hospital. Dr. Matini reported that the options presented at the meeting were closure of the hospital, expansion of the services in the hospital's current location and relocation of the hospital. Dr. Matini reported that Knox Singleton indicated that he thought the first two ideas were bad ideas and that the last, relocation of the hospital, was a good idea. Dr. Matini then distributed a letter he wrote with senior staff at the hospital describing their best ideas for the hospital.

Dr. Matini added that physicians have told him they left Mount Vernon Hospital because of Inova's unwillingness to provide them with equipment that other hospitals provide without question. He added his opinion that the Inova Healthplex, which recently opened in Springfield, has negatively affected both Alexandria Hospital and Mount

Vernon Hospital, affecting both inpatient admissions and outpatient surgeries. He stated that Mount Vernon Hospital has no anesthesiologist or nurse anesthetist overnight, adding that staff tell their families that they should not go to Mount Vernon Hospital at night if they have an emergency. He added that when Inova recently cut 132 positions, 30 of them came from Mount Vernon Hospital. He complained that Hospital staff have received mixed messages from Inova management. He alleged that it appears there has been a well-managed 10 year plan to make the hospital lose money. He also pointed out that estimates for the 2002 end of year losses for the hospital have ranged from \$2M to \$12M. Finally, he stated that physicians at Mount Vernon Hospital have done the best they could, considering the cost cutting.

Marlene Blum again asked what the Task Force was asked to do. Anne Andrews responded by reading her prepared statement. She reported that rumors began circulating about a year ago regarding the demise of IMVH. She added that she felt Inova had flatly denied such rumors. In February, she was invited to sit on the Task Force. She reported that she felt that Inova staff have not been open with task force members regarding their plans. She reported that they have indicated that there are no plans to close the hospital, noting that this statement does not preclude moving the hospital. She also complained that Inova has defined South East Fairfax County as including Burke and North Springfield, a view that many Task Force members do not share. She added that many of Inova's actions appear to have been taken out of concern for competition, rather than out of concern for the community. She expressed concern over Inova incurring the hundreds of millions of dollars in expense of moving the hospital to address an operating loss of a few million dollars.

Anne Andrews asked how Inova could have slipped so quickly from financial solvency to the current precarious financial situation. She noted that IVMH has a higher proportion of indigent patients than other Inova hospitals and added that the closure of the South County Health Center to emergency enrollments has exacerbated this problem. She suggested that the County and Inova should work together to find a way to reverse this decision using new residency regulations. She noted that the Department of Defense is ready to begin construction on a new 20-bed hospital with an OB ward. She suggested that Inova should work with them to try and consolidate the hospitals. Finally, she mentioned that IMVH has a lower staff turnover rate than other Inova hospitals, indicating a loyalty from staff.

Harriett Piper explained that she represented the volunteers at IMVH. She stated that she understood that Inova was looking at the bottom line, but added that volunteers donated 66,000 hours of service to the hospital last year. She noted that the younger population in the Springfield area will not be able to donate this kind of time to the hospital.

Marlene Blum asked if any services that used to be provided at the hospital had been discontinued. Dr. Matini reported that cardiac catheterization services were

discontinued. Susan Herbert responded that the hospital has access to a mobile catheterization laboratory. Bill Finerfrock asked if the hospital performed cardiac surgery. Dr. Matini responded that they did not. Bill Finerfrock explained to the HCAB that it is recommended that hospitals that have a catheterization lab to be capable of performing cardiac surgery, in the event of a problem during the catheterization. Dr. Francis reported that because of this situation, patients need to have two catheterizations, one diagnostic and one for the therapy when receiving angioplasty. He added that Inova asked to relocate the cath lab when it was in the process of getting the CON for the Heart Institute. He also noted that they are using the mobile cath lab for acute heart attacks without surgical back up. Dr. Lebowitz asked what kind of volume is generated for the cath lab by relying only on acute cases. Dr. Francis responded that he was concerned about the hospital's image. He noted that he did not want to see people bypassing the hospital if they had a heart attack.

Marlene Blum commented that she did not believe that Inova came to the HCAB before it moved cardiac catheterization services out of IMVH. If this were the case, it would be a violation of the lease agreement. John Ruthinoski suggested that it may have been part of a larger application, such as the establishment of the Heart Institute.

Dr. Lebowitz noted that during Anne Andrews' comments, she expressed concern over the ability of employees who currently live near the hospital having difficulty getting to another area if the hospital were moved. He stated that this comment actually reinforces the notion that the hospital is geographically isolated. Anne Andrews reported that the people she was concerned mostly about low income staff who do not have their own transportation. In addition, many of the patients who use the hospital are older and do not drive. She also noted that one of the reasons that she was given for the high percentage of layoffs that came from the IMVH was the fact that there were so few vacant position. She observed that the staff and patients think of IMVH as a community hospital

Bill Finerfrock asked Anne Andrews why the passions are running so high about this issue. She responded that the community has a sense of ownership regarding the hospital. She also noted that it is the largest employer in the area. She also pointed out that the people of Lorton did not feel that the hospital needed to be moved. Harriet Piper noted that Fort Hunt High School used to be the center of the community until it burned down, and now the hospital served this function. Dr. Matini added that patient satisfaction at the hospital is very high. Bill Finerfrock responded that he represents Springfield on the HCAB. He noted that the people of Springfield deserve the same kind of community hospital that the people of Mt. Vernon have, but added that it is not convenient for them to use the hospital.

Warren Cikins described IMVH as a community treasure, but added that the average age of the doctors and nurses is older than in the rest of the community. He observed that the structure and pattern of the delivery of health care in going to change, and

stated that the hospital needed to be planning for this. He suggested that the hospital needed to attract young doctors and was having problems doing this, due to the insular culture at the hospital. Dr. Lebowitz commented that this type of problem does not happen in a large 750-bed hospital. He added that he felt uncomfortable for the same reasons as a young doctor when he first came to Arlington Hospital.

Dr. Francis noted that the discussion about the future of Mount Vernon Hospital hasn't really taken place yet. He stated that the hospital hasn't addressed the fact that inpatient services are a money-losing business and outpatient services are money-making. He asked if the citizens of Mount Vernon need to have a full-service hospital in their community that they seldom use. He also observed that none of the parties involved are objective. He stated that he did not want to see the reputation of the hospital ruined, which is what happens when there is public discussion of closing the hospital. Patients are scared to be admitted to a hospital that might be closing. He added that if we put the hospital in a "death spiral," it will take care of itself. Dr. Matini stated that closing IMVH is discrimination. He added that the best solution would be for there to be hospitals in Mount Vernon and Springfield. Anne Andrews responded that the Task Force was told that if a hospital were to be built in Springfield, it would mean the death of IMVH. Dr. Lebowitz responded that this statement was true. Warren Cikins repeated his earlier suggestion that IMVH needed to build up its strengths, as the hospitals in Pittsburgh had done.

Bill Finerfrock stated that there is still an opportunity for there to be something in Mount Vernon that is called a "hospital," but that it may not be the same kind of inpatient hospital that is there now. He added that there is no strict definition of a hospital. Anne Andrews commented that the Task Force brought up the possibility of having a rehab and joint replacement center, but was told that these services needed to be in a full service hospital.

Pat Walters began Inova's presentation by explaining that this is a very complicated issue and mentioning that Inova hired the Lewin Group to provide an unbiased outside view. He mentioned that Inova also had copies of Dr. Matini's letter, but there were not enough to go around. He added that Inova is very pleased with IMVH, and that they have invested \$55 M in the hospital over the last 6 years. He added that they are not ashamed of the hospital. Inova has completed the first phase of a regional planning study, focusing on hospital and acute outpatient health services to meet the needs of Northern Virginia. He added that Inova is looking at community needs in Loudoun, Centreville, and Southeast Fairfax County, which he defined as including North Springfield and Burke. He showed a map with a 7 mile circle drawn around the current hospitals and demonstrated that there is a gap in the Springfield area. He noted that the study has shown that there has been significant population growth in the Lorton/Springfield area in the last five years and that IMVH has limited access for these areas. There are no good east-west connectors over to IMVH. Daily census at the hospital is down overall, but the rehab program and the joint replacement programs are

very strong and the behavioral program is stable. There has been some drop off in surgery. He added that Inova has been actively recruiting nurses and surgeons at the hospital, as IVMH has the highest percentage of physicians over 55 (36%) compared to only 13% at Fair Oaks, 20% at Fairfax Hospital and 22% at Alexandria.

Anne Andrews asked how the \$55 M figure in capital improvements to IMVH compared to the amount spent at the other Inova hospitals. Pat Walters responded that \$55 would be a lot of spending for any hospital in the country. He then promised he would get the figures for the other hospitals for the Task Force Members. He then showed the net operating trend for the hospital, indicating \$8.4 M in losses in 2002 and projecting \$10.7M in losses for 2003. Anne Andrews asked if this same trend would be evidenced at other Inova hospitals. Pat Walters responded that the trend would be the same, but no other hospital would show the kind of losses that IMVH has experienced.

Pat Walters then displayed statistics on the impact of the Inova Healthplex on IMVH, noting that the majority of the Healthplex patients come from Springfield, Kingstowne and Franconia. He also showed that \$19.5% of the patients transferred to a hospital from the Healthplex went to IMVH, although a number were unable to be admitted because there was not a doctor on call at the time. He added that this problem has been addressed, and should not recur in the future.

Pat Walters described Inova's current activities, including ongoing discussions with IMVH's medical staff and Supervisor Hyland, the creation of the Task Force, and alternate facility planning and site evaluation. Pat Walter reported that Inova is working with the military to see if there is a solution that can involve DeWitt Army Hospital. He noted that as of the first of the year, military wives were allowed to deliver their children at any hospital without receiving a Certificate of Non-Availability, reducing the need for a new facility for DeWitt. Dr. Yarboro noted that the new regulations mean that these women could have their children at any hospital, and that they may not necessarily all go to Mount Vernon Hospital. IMVH might be lucky to get 50 of these deliveries.

Susan Herbert then spoke on Inova Mount Vernon Hospital's short term growth plan. Regarding existing services, she discussed the expansion of the wound healing center, including the addition of a hyperbaric chamber. The endoscopy suite was expanded, but Medicaid reimbursement rates were recently raised, resulting in a loss of about 30% of these procedures. She reported that improvements are planned to the emergency department, as there is currently very little privacy, as there are no partitions and private rooms. She also reported on the status of the rehab program, psychiatric services, the joint replacement center, the cardiac catheterization lab, and imaging services. She also described new services which are planned for the hospital, including a low vision center, bariatric surgery, a breast center, and the acquisition of a PET scanner.

Dr. Yarboro asked if there was any discussion about the impact of the Healthplex on IVMH when it was being planned. Dr. Matini responded that they were told that only

12% of the Healthplex's patients would be served by Fairfax Hospital, with the rest going to Mount Vernon Hospital, but added that this percentage has been reversed once the facility opened. Dr. Yarboro asked if the 7 mile circle used in Pat Walters' map was a standard unit of measure for hospital need. He observed that if it was a 9 mile circle, there might not be a gap at all. Pat Walters responded that Inova thinks the demand for health services is going to grow. He added that if Inova does not build a new hospital somewhere, there will be a need to continue to grow Fairfax Hospital. Susan Herbert added that this has been a very rational process, but added that there are some days when the hospital has 100 empty beds.

Dr. Yarboro noted that Inova exasperated the problems associated with the hospital by bringing a large number of primary care doctors into IMVH and then cutting them loose when it eliminated the practices. Dr. Lebowitz described how he came into Northern Virginia about the time that IMVH opened and was immediately struck by how difficult it was to get there. He added his opinion that it was a mistake to build the hospital in that location. He added that it is going to be very hard to keep the hospital afloat, and that if these efforts do not work, the community needs to understand that there is no inalienable right to have a hospital in their neighborhood. He also explained that the financial stability of Inova is vital to the County and that people cannot dig their heels in on this issue and refuse to change their minds. He added that hospitals have moved in the past and that it has not been the end of the world. Dr. Matini responded that people come to the hospital for its joint replacement program. He added that if the services are there, people will find a way to make it to the hospital. Anne Andrews commented that the Task Force was told that you cannot have a joint replacement program without a free standing hospital. Dr. Lebowitz responded that he understood the issue to be about maintaining IMVH as a full service hospital. If this is going to happen, it has to be able to pay its way.

Joseph Gartlan reminded that HCAB that its involvement in this issue arises out of its responsibility to monitor the Inova/County lease. All other concerns are the responsibility of the Health Systems Agency. The main concern of the HCAB should be the care of the indigent, which has not been addressed by the Task Force or by anyone else. Marlene Blum concluded by addressing both the Task Force and Inova. She stated that she hopes they can continue to communicate with one another and are not working at cross purposes. She also stated that it is encouraging to see Inova more open about working with the community on this issue. She stated that IMVH is important to the whole county, not just the Mount Vernon community.

HCAB/Inova Budget Meeting

Marlene Blum reported on this meeting, which was held on August 18th. She noted that much of what was presented by Inova about the Southeastern part of the County was also presented at that meeting. She reported that Medicaid reimbursements have been cut by \$7 M per year. Indigent rates for OB at Fairfax Hospital are 23%, up from only

18% last year. In addition, only 50% of indigent OB referrals come from the Health Department, a figure that used to be 66%. Bill Finerfrock added that the OB beds are completely filled. Dr. Lebowitz noted that the financial situation was not a cheery one.

Other Business

Marlene Blum reported that the Board of Supervisors will be establishing a task force on housing issues for the medically fragile population, and asking the HCAB to take the lead.

Susan Randall reported that she would be able to give an update on the Long Term Care Coordinating Council at the October Meeting.

Dr. Lebowitz asked what issues were coming up for the HCAB. John Ruthinoski reported that in October, there would be a special exception hearing for an affordable assisted living facility in Mclean. John Ruthinoski reported that the October HCAB meeting would not be able to be held on the 2nd Monday of the month, as it will be Columbus Day and the County will be closed. After some discussion, it was decided that the first Monday would be inappropriate, as it will be Yom Kippur. Staff will poll HCAB members this week and set a date for the October meeting.

There being no further business, the meeting was adjourned at 9:55 p.m.